The Aging Self

Abstract

Self, a complicated social and cultural construct, and identity, a part of the self, are important to consider with regards to older age. Although self is perceived by the person as being stable throughout one's life – an ageless self – ageism and ableism can present threats to self. This chapter also considers what is self, how is it constructed and maintained and how identities are internally and externally managed and experienced. It considers how stereotypes about aging and subsequent devaluation of older adults challenges notions of self as people age. Overall, the chapter suggests new ways of thinking about older people and aging selves, recognizing the importance of embodiment as an aspect of self as well as calling for work that moves beyond theoretical considerations of self toward actionable changes to benefit social conditions which shape self-concept and identity as one ages.

Key words: self, identity, self-concept, ageism, ableism

Key points:

1) Self broadly describes a person's sense of their own uniqueness, continuity of being, such that the only one who can ever know a self is one's self.
2) Identity, part of the self, includes the personal (i.e., one's unique qualities), the social (i.e., alignment with various groups), and the collective (i.e., shared sense of belonging with other groups).
3) Ageism and negative age stereotypes, including fears of frailty, can have detrimental influences on self and identity by creating conflicts between how a person sees themselves and is seen by others.
4) To distance themselves from the negative construct of frailty, people needing assistance may actually reject assistance, which in turn can lead to increased frailty.

5) Given that ageism and ableism are social determinants of health, it is important to consider how negative experiences of aging can be countered through deeper exploration of self and identity, as they are experienced and anticipated.

Broadly speaking, self describes the internal essence that each person has of being unique from others, or as a socially constituted way of knowing who one is [1]. Identity, which is part of the self, is the way that one makes sense of self through comparisons to and interactions with others [1]. Both self and identity are socially and culturally shaped and understood in relation to an "other" [2]. Although much of the literature on self and identity focuses on childhood as a time when identities and self are forming, and middle age as a time when both are maintained [3], aging and old age offer many unique points to consider how various stereotypes and assumptions about later life, to include the possibility of functional decline, may affect one's experience of self.

The overall goal of this chapter is to take a broad look at self, identity, and aging, paying particular attention to the potential influences of increasing vulnerabilities such as frailty with age. Given the many disciplinary perspectives that shape gerontology, the chapter begins by considering how self and its correlates self-concept and identity have been defined and understood. The chapter also discusses the potential disconnects between internal perceptions and external confirmation of self and identity related to age and health status; ageism and ableism as constructs that shape self and identity; and frailty as a potential threat to self. Finally, the chapter suggests a new understanding of the aging self to include recognition of the paradox of persistence with change [4] whereby one views one's self as internally unchanged despite a potentially chaotic external social world.

Self and Aging

Self is one of the most frequently used yet poorly defined concepts in the social sciences and humanities [5]. Much of how self is defined and understood depends on one's discipline or perspective [6]. While it is beyond the scope of this chapter to provide a comprehensive and detailed examination of how self is defined and conceptualized across multiple disciplines, the focus here will be on a presenting a few key constructs that will be helpful to consider the aging self especially in the presence of poorer health.

Regarding self from a philosophical perspective, Nadobnik and colleagues[7] write: "Considered in broadest terms, self is the core of a person's awareness, which—by becoming an object of a person's own thoughts, feelings, and actions—becomes an utmost intimate subject to which they are to be ascribed. In this sense, the idea of self provides a philosophical belief underpinning the study of a person's individuality and its representation as an autonomous subject" (p. 2) [7]. Important components in this construct of self are uniqueness and insidedness. That is, one person's self is different than another's and the only self that one can know is one's own.

In a similar vein, Stekeler-Weithofer [8] describes self as "the notion of being a personal subject" (p. 21) encompassing four aspects of being [8]. The first, as an individual, describes being an abstract entity separate from the body such that the body may change as one grows and ages but the person's internal sense of who they are does not. The "thinking self" is similar to the idea expressed in Descartes' *cogito* (i.e., I think therefore I am). The second aspect, as person subject, refers to the "I" as an actor or mediator of behavior. The indexical "I" is an expression of uniqueness of being and of subsequent actions. Third is the self as embedded in social roles and

expectations and experienced in relation to other people. The way that self is made known to one's self and to others is through social interactions. Finally, Stekeler-Wiethofer cites Wittgenstein's sentence [9], "I am my world" (p. 23) to convey that all that a person experiences, thinks, feels, observes, remembers, and so on is located within that person such that each person is both the object and subject of their own experiences. A person cannot have an experience (even a vicarious one) that is outside of their self.

From a more anthropological sense, self has been described as "the culturally constituted individual" [10] (p. 61). Sköfeld [11] argued that early anthropologists tended to define self in terms of a Western notion of an individual, represented with "boundedness, relative autonomy and in- dependence, reflexivity, and the ability to pursue its own goals" (p. 418) while a non-Western self was an "other." More recently, Edwardes offers this definition of self:

> We can agree that it [self] is something that we all need if we are to be fully functioning humans, regardless of how real we believe it to be; we can accept that it is complex and multifaceted, regardless of our particular views of what the complexities are; we can recognise that it is not simply an internal thing, for our self is defined by others as well as ourselves; and we can probably concur that the self we are able to study scientifically is essentially a product of our brains, regardless of our views about the metaphysical self (p. 28).

In this respect, self is more than a type of independent conscious awareness but rather is deeply embedded and shaped by layers of context and their respective meaning. That is, the very idea of self is a cultural construct as are all of the aspects and qualities of self that we believe to be true or real.

Work on self within sociology has typically viewed the self as existing in the mind, whereby the mind is socially constructed through a series of patterned interactions that comprise social structure [12, 13]. Beginning with Charles H. Cooley's "looking glass self" [1, 14], self was considered in terms of how one saw one self and how one anticipated the reactions of others, ideas that are present in many current concepts of self. Later, George Herbert Mead's social self [15] underscored the importance of reflexivity or viewing one self as an object within social interaction. As Owens explains, "The key is human reflexivity, or the ability to view oneself as an object capable of being not just apprehended, but also labeled, categorized, evaluated, and manipulated. Moreover, reflexivity hinges on language, any language—whether emanating from a broader culture's written or non-written language . . . In short, the reflexive self allows people to view themselves from an external point of view, just as other people might view them through varying degrees of detachment" (p. 207) [1]. Again, reflexivity is a key component of self, something which will be addressed later with regards to aging with regards to how social and cultural structures that shape what we think about aging influence information that people internalize about their selves.

Goffman's [16] self-as-dramaturgy furthered the idea of the necessity of interaction to make the self known. Using the metaphor of theater performance, presentations of self are considered a type of performance shaped and altered by anticipated and experienced reactions of the audience and social situation. For example, a professor lecturing to students presents a particular aspect of self in that particular context, a self presentation that is likely different than at a social gathering with friends, or in a heated discussion with a neighbor. An 80-year-old person may perform self differently in an intergenerational setting than in a medical clinic or gathering among peers.

Finally, within psychology, Strohminger and colleagues [5] underscore the complexity of "self" by observing:

> If you open *The Handbook of Social Psychology* [17] and flip to the index, you'll find that there are more than 60 separate entries listed under self—and that's not including the subentries. This is more than any other word in the index, aside from social (as in "social psychology"). The nature of the self is at the heart of psychology, driving many of its most urgent and profound questions (p. 551).

Owens [1] defines self as "an organized and interactive system of thoughts, feelings, identities, and motives that (1) is born of self-reflexivity and language, (2) people attribute to themselves, and (3) characterize specific human beings." (p. 206). "Language," as a series of ordered cultural symbols that convey meaning, functions as a constituted cultural system which influences the self. In fact, when talking about language, Owens adds: "When one's self is encapsulated as a set of symbols [i.e., language] to which one may respond to itself as an object, as it responds to any other symbol, the self has emerged" (p. 206). As will be discussed later in the chapter, language does become an important element of self with regards to aging, especially when later life is negatively positioned and older people are devalued through language (e.g., use of marginalizing terms such as "elderly") and actions (e.g., negative portrayals of older characters in media).

Leary and Tangey [18] also provide a succinct definition. They write: "At its root, then, we think it is useful to regard the self as the set of psychological mechanisms or processes that allows organisms to think consciously about themselves" (p. 6). They note, like others who have been cited in the chapter, that this definition accounts for reflexivity and includes perceptions and beliefs that one may have about one's self; and considers one's capacity to regulate or mediate one's behavior. Here the notion of an external context is downplayed.

Strohminger and colleagues [5] define self as "a body and a mind, organs and thoughts, desires and intentions, whims and dispositions" (p. 551). They make a distinction between "self," which includes the range of features mentions, and "true self," which emphasizes moral features that everyday people ascribe as existing within the self. Such lay beliefs or theories, which describes individuals' beliefs and/or implicit theories about traits, self, or other attributes and psychological understandings or theories [19], can be at odds with "professional" theories. For example, research has suggested that lay people believe that a true self exists along with an everyday self [4]. Strohminger and colleagues use the example of Ebenezer Scrooge, the protagonist from the Dickins novella *A Christmas Carol* to illustrate the true self concept. They explain that while Scrooge-as-Miser exists as part of Scrooge's all-encompassing self, Scrooge-as-Humanitarian represents his true self. True self is therefore the idea that, despite the various possibilities and contradictions that one may find within a self from moment to moment or across time and situations, there is core self composed of essential qualities that remains constant, even if that true self is yet to be discovered [4]. Returning to the Scrooge example, the idea is that Scrooge-as-Miser was unaware of his true self until undergoing the series of self-awareness experiences guided by the three Christmas ghosts. The importance of the idea of a true self will also be further explored in the context of threats to self that may be caused by aging and potential frailty. In this respect, the belief that a true, unchangeable self may serve as a type of self preservation in the face of ageism and/or functional decline.

Self concept. If self as an entity encompasses several aspects of who a person is, then self concept is a person's *understanding* of that entity of self or who they are [7]. Key to self-concept are self-esteem and self-consistency [1]. Self-esteem describes how a person perceives and values themselves; self-consistency is related to the level of constancy of self concept over time

and from situation to situation. In other words, self-consistency means “having non-conflicting self-perceptions, beliefs, and/or behaviors” (p. 975) [20] As parts of self-concept, self-esteem and self-consistency are also influenced by comparisons to and by others and in relation to social scripts and values.

Identity

Although self and identity are often used synonymously, they are not the same. Self is the broader construct while identity is part of self. [1]. Self has also been called “a process organization born of self-reflection” (p. 206) [1] while identity is a tool communicating self to others through external presentation (e.g., group alignment, choice of dress) [1]. Both self and identity are social products in that selves (and identities) are shaped by what matters to others, what is valued, what aligns with one’s place within a social hierarchy, and what is relevant at the time. [21]. However, identity has been called “orienting” since it provides internal guidance on future actions through identity maintenance activities [21]. For example, if being a churchgoer is an important part of one’s identity, attending church is an identity maintenance activity. Identity maintenance activities can take many forms such as manner of dress, hobbies, preferred activities, and so on. In addition, like the larger notion of self, identity is relational; one can see a sameness and distinctness from others [1]. Unlike self, a person may have multiple identities (but only one self) [22]. For example, one can have an identity as churchgoer but also as music aficionado, businessperson, and others.

In addition, identity can be thought of as having three aspects: personal, social, and collective. [1]. Personal identity refers to the qualities that make a person feel unique through alignment to characteristic, albeit malleable, properties [1]. Erikson [23] defined personal identity as “the immediate perception of one’s selfsameness and continuity in time; and the

simultaneous perception of the fact that others recognize one's sameness and continuity" (p. 4) [2]. Social identity refers to one's alignment with various groups. Social identities "involve the knowledge that one is a member of a group, one's feelings about group membership, and knowledge of the group's rank or status compared to other groups" [21](p. 74) One may endorse certain aspects of identity in one social setting but not another. One's social identity may differ from one's personal identity [1]. Collective identity describes a shared sense of belonging, a combination of personal and social identity [24]. Collective identities are also influenced by the surrounding cultural and political milieu. As will be discussed further in terms of ageism and ableism, a collective identity may strongly represent a social identity that is not in line with a personal identity. The individual may then absorb the social identity such that it changes their personal identity, or resist the social identity such that it comprises collective identity.

Building on the idea of collective identity yet often not explicitly discussed in the literature on identity is the ways in which one may be identified by others in ways that conflict with that person's sense of identity and self. Being externally identified as not belonging to a particular group can lead to marginalization or stigmatization, depending on the external identity [2]. For example, an older person may identify with a younger age cohort but be socially identified by that younger cohort as someone who is older and doesn't belong. The larger social identity may have a strong effect on collective identity, causing the individual to become marginalized and negatively affecting self-concept.

Self and later life

Age, like self, is socially constructed and ascribed meaning depending on context. Although aging is a universal biological process, the meaning ascribed to aging is cultural,

including what is considered “old.” Such meanings of aging vary by social location (e.g., gender, social class, race and ethnicity), cultural context, historical time, and many other factors [25]. “Old” may be relational, such as when one becomes a grandparent, regardless of chronological age. It may be based on criteria for services within a society, such as the age when one becomes eligible to retire. The act of retiring may also carry particular meanings in a given context. Gray hair may signify wisdom [26] or devaluation [25]. Values and meanings regarding age may be different for different genders [27].

Despite “self” taking up such a large conceptual and research space in many fields, work on the aging self is comparatively sparse [28]. One of the most well-known works on the topic is anthropologist Sharon Kaufman’s *The Ageless Self* [29] which describes results based on a series of ethnographic interviews with 15 older people in the 1980s. Based on their life stories, their perspectives of themselves over time, and other findings from the interviews, she describes the idea of an ageless self which “reflects the notion of continuity of self throughout the life span” (p. 7). She further illustrates this point by writing:

> When old people talk about themselves, they express a sense of self that is ageless—an identity that maintains continuity despite the physical and social changes that come with old age. Old people know who they are and what matters to them now, and, as they talk about these subjects, they may, in passing, describe themselves as ‘feeling old’ in one context and ‘feeling young’ or ‘not old’ in another. This is always variable, and in my experience, it is never emphasized. Being old per se is not a central feature of the self, nor is it a source of meaning (p. 7) [22].

Kaufman ascribes the fluidity of feeling young or old in various contexts to an ageless self. Yet, it is important to note that language, a series of cultural symbols, was the way that aspects of self

were made known in the interviews. As mentioned earlier, self-reflexivity and language are important ways that self is understood by a person. However, a self can only be known by a person and not an outsider although particular parts of self may be presented in reaction to a specific audience, time and place [16]. More specifically, the interview offered an opportunity for an external presentation of self by the participant to the researcher [2] or an externally presented self, which is an aspect of self that is presented through situationally placed cultural constructs of oral interviews and other expressive opportunities. While Kaufman's work offers important insight, it may not present a full picture of the aging self for several reasons including health status, social location, and the performance of self by the participants in the interview setting.

In addition, while a more internal state of "being old" may not have been a central feature or a source of meaning in the context of Kaufman's interviews, being labeled as "old" carries cultural messages, many of which are negative. Such negative messaging can affect self-concept (along with self esteem and self-consistency), identity and ultimately self. Furthermore, the experience of poor health and/or frailty can present threats to self by creating disconnects between a cognitive self (how one thinks about one's self) and an embodied person (the self within a body). Subsequently, old age as it is internally experienced and externally constructed will be further explored.

Age and ageism as internal and external categories. Age is one of the first characteristics that people notice about each other [30]; people react to others based on their perceptions of age. Age can be chronological, describing the number of years one has lived; functional as determined by a person's physiological, psychological, and social functioning compared to chronological age-norms [25, 31]; and subjective, described as "individuals'

perceptions, attitudes, or expectations of their own age and aging process, as well as of old age and older adults in general" [32] (p. 11). All three types of age have relevance to self because of ageism and ableism and are explored in more detail in the following sections.

Chronological age. In the U.S. and Canada, the chronological age of 65 is a marker of old age since it is the age eligibility to social programs like public pensions [25]. Although Chancellor Otto von Bismarck is typically credited with choosing age 65 when he established his public welfare program in 1889, the age he selected was actually 70 years [33]. In his pension scheme, the purpose of "retirement" was to curb youth unemployment by paying older people to leave the workforce. Later, the eligibility age was later lowered to 65, but not until 1916, which was nearly 20 years after von Bismarck's death in 1896 [33]. The U.S. and other countries would later adopt 65 for retirement benefit eligibility. In addition, to entice older workers to leave the workforce, the term "senior citizen" was introduced in the U.S. in the late 1930s to create a new role – retiree – within the retirement scheme [34].

The clarification of age 65 is important since chronological age is used in research, social policy, and day-to-day life despite it being a poor predictor of many things, including health outcomes [35]. Although the risk of chronic disease and death increase as one ages, older people are a heterogenous group. There are numerous social, genetic, and clinical differences that have a much stronger influence on health outcomes in later life than chronological age alone. In addition, when a person reaches the age deemed by social institutions to mark "old age," they are labeled as "old" regardless of whether they identify themselves as such [36]. As discussed later in the chapter, being "identified" as old by others does not likely jibe with one's internal understanding of self.

Subjective age. In contrast to chronological age, subjective age has been described as consisting of two components: how old a person looks and hold old they feel [37]. Physical signs of aging are, of course, influenced by multiple factors including lifestyle (e.g., sun exposure, smoking, alcohol consumption) and genetic predisposition. Research on subjective age has found that younger adults report feeling "older" while older adults report feeling "younger" [35, 37-39]. Drawing on data from a nationally representative U.S. study, Westerhof and colleagues [28] report that 25-year-olds did not report a discrepancy in chronological and subjective age while 75-year-olds reported feeling 15 years younger on average. In addition, older people typically do not identify as "older," often distancing themselves from activities and places associated with "older people" and even endorsing negative aging stereotypes used towards other older people [38]. This distancing is a type of "othering" which stresses differences and separation (e.g., I am not like you.) Part of the assumption regarding the difference in chronological and subjective age is the negative social identity that accompanies being labeled as "old" (discussed in more detail in the following paragraph). This is an important point to consider regarding the aging self since subjective age represents a potential disconnect between self-concept and external confirmation, creating a lapse in self-consistency, self-esteem, and identity. It should be noted that an underlying problem with the concept of subjective age is that it assumes there is meaning and/or uniformity in a chronological age such that an age like 52 or 68 should have distinct qualities such that identifying as a 52-year-old or 68-year-old would mean something when it does not.

Ageism. Ageism describes stereotypes, biases, and discrimination towards oneself or others based on age [40]. Ageism has been shown to contribute to poorer health outcomes [41, 42]), isolation [43], and workplace discrimination toward people as they age [44, 45]. For example, Levy and colleagues found that "$63 billion, or one in every seven dollars, spent on

health care for the eight most-expensive conditions [cardiovascular disease, chronic respiratory disease, musculoskeletal disorders, injuries, diabetes mellitus, treatment of smoking, mental disorders, and non-communicable diseases] during 1 year in the United States was due to ageism" [46] (p. 178). Self-directed ageism (or holding ageist beliefs toward one's self) has also been shown to negatively affect health more than other types of ageism [47] often through increased risky behaviors such as excessive alcohol consumption.

Costs of ageism have been attributed to negative self-perceptions due to ageism, which in turn could lead to self-harm, reluctance to seek help from medical providers, or assumptions that one was too old to benefit from care in general or certain types of care specifically [46, 47], and to ageism toward older patients leading to lack of appropriate treatment [42, 48]. Shiovitz-Ezra [43] described a relationship between loneliness and ageism due to social rejection based on negative stereotypes toward older people. Not only did they suggest that older people were more inclined to avoid social participation because of fear of ageism, but that older people were also prone to internalizing such stereotypes, which in turn affected their self-esteem and identity.

Ageism also affects older job seekers and employees. Regardless of ability, health, experience or other factors, older job applicants are often erroneously positioned as problematic (e.g., out of touch, lack of computer literacy), which leads to their being overlooked based on age alone [49]. Despite legal protections against age discrimination in many countries, ageist beliefs affect personnel decisions both implicitly and explicitly [50]. Given that work can be seen as an identity marker for some and may be necessary for survival for others, the effects of work-based discrimination can have multiple determinantal effects on older people.

The experience of ageism is important to consider in the context of the aging self because it can affect self in several ways. For example, the idea of collective identity is particularly

relevant in the context of ageism. Stereotypes about older people, positive or negative, convey social messages that produces a shared societal understanding that may differ from personal identity. As discussed with regards to subjective age, many older people reject the collective identity of what it means to be "old." Returning to Kaufman's work, what may have been the motivator in participants' self presentations that endorsed the notion of an ageless self was a type of resistance to collective identity.

As noted, self, as a social construct, is influenced by social roles, expectations, and reactions from others [25] as noted earlier. Negative ageist attitudes toward older people can therefore limit social roles and expectations and produce unfavorable reactions from others. Birthday cards that emphasize the idea that aging is "bad," media that portrays older people as silly or doddering, ageist words like "geezer" or "hag" and other ageist messaging through words, actions and cultural symbols "tells" older people that they are not valued [45]. Receiving external messages of reduced value presents challenges to self-esteem, self-consistency, and collective identity thereby challenging the idea of stable, unchanging self.

Functional Age, Ableism, and Frailty.

While ageism is discrimination toward someone because of their age (younger or older), ableism refers "to stereotypes, prejudices, and discrimination regarding people who live with disabilities or the perceived functional limitations of individuals" [30](p. 5). Functional age is relevant since decreased function (or higher functional age) is also related to "othering" by labeling (or seeing) others (people with functional impairment) as less capable [51]. In addition, disability is commonly believed to be the norm for older people since most people with 60 and over report higher levels of disabilities than other age groups [52]. Older people living with some

form of disability may be viewed as confirming stereotypes of aging and functional decline rather than on other attributes [30]. However, reported disabilities include hearing, seeing, mobility, cognition, self-care, and communication, with hearing loss and reduction in vision being common disabilities reported by older people [53].

Frailty. A growing body of literature suggests that the construct of ageism is actually more about ableism than age; the aspects of aging that are disavowed are those linked to functional ability [30, 51]. "Frailty" is used as a label and state of being in the world whereby physical changes and/or social conditions are ascribed meanings and judgements. Consider, for example, the categories "Third" and "Fourth" age used by Higgs and Gilleard [54-56] to distinguish between a time in later life comprised of high functional ability compared to the Fourth Age which is characterized by disability and decline and marked by frailty. Frailty has been described as being "held within a social imaginary as a black hole, a socially void space into which older people are sequestrated away to decay and die. Thus, within a social imaginary frailty, like a black hole, is both unknowable and a space from which there is no return" [57] (p. 1426). As a point of no return, so to speak, the label of frailty is one that is resisted by older people. Several have made the distinction between being frail, an objectified medicalized label of the whole person, and feeling frail, which may not be related to the body itself but could include social and emotional circumstances which contribute to a sense of threat to self [57-59].

An important aspect of frailty relative to the self is embodiment. Simply stated, embodiment refers to the corporeal nature of existence. Selves exist within bodies, people experience the world through bodies, and illnesses and frailty are felt by bodies [58]. Bodies also carry social meaning based on age, race or ethnicity, body type, size, function, and many others. As Becker has observed, "A sense of order begins with the body, which may be viewed as

simultaneously a physical and symbolic artifact, as naturally and culturally produced, and as anchored in a particular historical moment" [58] (p. 62). As such, a sense of disorder may be felt in the body due to infirmity or illness which in turn may affect personal and social identity [60].

In an earlier section on self, one part of self was described as being an abstract entity separate from the body, implying that a person's internal sense of who they are remains unchanged even as the body does. But changes to the body challenge that notion [8]. As also mentioned earlier, many constructs of self assume a consistent self, that is, a self that is not heavily influenced by internal and external challenges. Frailty and/or the experience of functional decline brings the relationship between body and mind to the forefront, potentially causing internal chaos [61]. As one experiences bodily pain or functional challenge, the self is no longer an abstract concept but rather one that is directly related to bodily experience. In addition, the social identity of frailty, whether one is experiencing frailty or not, calls the stability of the self into question. Frail bodies are viewed as failing bodies [60]. Given the instability of information feeding into the self, older frail people have been described as practicing resistance by continuously redefining their personal identities [57]. For example, ss Nicholson and colleagues observe:

> The risk of structured and habitual patterns breaking down was ever present within the uncertainty of changing physical and social capacity and receiving "care". Also rigid adherence to practiced ways of keeping going may prevent adaptation to the accumulated losses of frailty and the realities of physical decline. Paradoxically, the inability to accept assistance may lead to increasing helplessness and dependence rather than a more adaptive interdependency (p. 1431) [57]

Frailty, then, becomes an important social space where collective identity is vigorously negotiated. As the excerpt suggests, though, the person's desire to resist frailty by rejecting assistance may actually contribute to increased frailty.

Overall, later life represents a time heavily imbued with societal and cultural meanings, many of which are negative and present threats to self. Ageist attitudes toward older people reinforce negative social attitudes and contribute to lower self-esteem and possibly poorer health outcomes for older people [28, 41]. Institutions such as retirement, which place chronological age at the forefront, function as a reminder that one's social role is to step aside. Frailty, which is not inevitable with age, represents a highly feared aspect of growing older and is a direct challenge to self-consistency [58].

Toward a New Understanding of the Aging Self

Considering the important role that ageism and ableism play in health outcomes for older people, it is important to consider how social messaging affects the aspect of self – reflexivity – with regards to the aging self. Reflexivity, which involves taking in internal and external information about the self to shape one's self concept, can be negatively affected by ageist and ableism messages that older people receive not just from the media but from health care providers as well. Given the significance that social roles and meaning play in the constitution of self, it is key to consider the aging self not just in terms of the individual but in the social context in which aging is experienced. A new understanding of the ageing self should consider the following two questions: 1) How can we rethink embodiment as part of the aging self; 2) How can we move beyond theoretical thinking about aging selves and various disconnects to more applied applications?

The first question recognizes that although all people and selves are embodied, changes in bodies with age take on particular social significance. Even in a state of high physical and cognitive function, changes in physical appearance signals aging and carries social meaning that do not necessarily align with internal understandings of self. Subjective age is a good example. As mentioned earlier, subjective age is a curious concept in there is an implicit assumption that age is something one feels (e.g., the essence of being 70) and identifies with, personally, socially, and/or collectively (e.g., I am a 70-year-old and therefore do 70-year-old things.) That age is a cultural construction of a biological phenomenon, a new direction in understanding the aging self is to perhaps place less emphasis on age (chronological or subjective) and more on a person's perceptions of social rules or valuations that shape their identity (e.g., how society expects them to be in the world.)

In the context of declining functional ability, a better understanding of embodiment and self through self-concept and identity is also important. Questions about experiences of the body by older people as well as social evaluations of the body by outsiders are needed. For example, as mentioned in the sections on ageism and ableism, attitudes about older bodies have health care implications. Older people may not be getting adequate treatment because of ageist views by providers who may not see aging bodies as worthy of treatment or who may assume that decline is an inevitable part of aging.

With regards to question two, work on the aging self needs to expand beyond the theoretical. It must go beyond thinking about what is an aging self and does it change over time to consider what the implications of disconnects between aspects of self. For example, ageism and ableism are social determinants of health that contribute to negative health outcomes [46]. Arguably, the notion of self plays a role in these outcomes. How, then, can we apply concepts

such as reflexivity, social roles, and anticipated and experienced reactions to counter negative experiences of aging? How can we engage older adults to talk about these disconnects?

Overall**,** as complicated as the concept of self is, the addition of aging adds layers of new complexities to consider. While the perception of self may be "ageless" in that one's notion of self may be experienced as stable, external information that shapes identities and self-concepts do change as one ages. It is what Christy [4] referred to as the "paradox of persistence within change" or "to see oneself as the same person over time, in spite of the often radical changes that occur in one's physical and psychological makeup over the course of life "[4] (p. 20).

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